

Contributed Poster Presentations

SESSION I

ALLERGY

ALLERGY—Cost Studies

PAA1

LEVOCETIRIZINE REDUCES THE COST OF PER AND ITS CO-MORBIDITIES FOR SOCIETY AND EMPLOYERS

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Persistent allergic rhinitis (PER) is a frequent disease often associated with co-morbidities (asthma, sinusitis, otitis media and upper respiratory infection) and a significant economic burden. Levocetirizine is an antihistamine, the first-line treatment of allergic rhinitis. **OBJECTIVES:** To determine the monetary impact of a long-term levocetirizine treatment either from a societal perspective or from an employer perspective. **METHODS:** XPERT trial was a 6-month double-blind placebo-controlled trial comparing levocetirizine 5 mg once daily to placebo. A total of 551 patients were included (69% working). Parameters measured, all related to PER or its co-morbidities, were health care resources (medications, physician visits and hospitalizations) collected in the case report form as well as workdays and usual daily activities (UDA) lost collected through a specific questionnaire. French monetary values from 2000 were applied and compared using a bootstrap-t analysis. The societal perspective included all costs for all patients while the employer perspective included the cost of workdays lost for working patients. **RESULTS:** The overall cost from the societal perspective was of 412.93€ per patient per month in the placebo vs. 232.23€ in the levocetirizine group. This led to a gain of 180.70€ per patient per month in the levocetirizine group (p-value <0.001). UDA lost was the cost driver (≥ 66%). The overall costs from an employer perspective was of 152.24€ per working patient per month in the placebo vs. 89.61€ in the levocetirizine group leading to a gain of 62.63€ per working patient per month (p-value <0.001). **CONCLUSION:** Levocetirizine reduces the overall cost associated with PER and its co-morbidities both for employers and society. These savings are due to a reduction in the cost of work and UDA days lost that more than offset the cost of the levocetirizine treatment.

PAA2

PUBLIC HEALTH SYSTEM EXPENSES ON CHILDREN'S ATOPIC DERMATITIS TREATMENT IN VLADIVOSTOK CITY

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OBJECTIVES: Pharmacological and economic analysis of public health system expenses on children's atopic dermatitis. **METHODS:** Evaluation of cost and expenses on the disease included expenditures on hospital and ambulatory assistance and sanatorium-and-spa treatment. In 2000–2003, children's medical institutions of Vladivostok city held a survey of 200 families with

children suffering from atopic dermatitis and analysis of medical documentation. **RESULTS:** Volume of expenses was determined to a great extent by severity of the disease clinical course and spread of atopic dermatitis. Number of recourses to medical assistance with light course of the disease was in most cases not more than four times per year and was restricted to outpatient treatment only, the cost of treatment amounted to 600–1400 rubles (\$20–47) per child per year. In case of severe course and poor control over the disease number of recourses increased up to 14–20 per year, the expenses included cost of consultations of allergologist and dermatologist and amounted up to 2100–7000 rubles (\$322–406) per year. Further worsening of case required hospital treatment expenses. On average, 0.37 cases of hospital treatment fall at one child with atopic dermatitis per year, with severe clinical course this value increased up to 1.34 ± 0.2 cases, treatment duration was 15.62 ± 1.02 days. Average cost of hospital treatment per a child suffering from atopic dermatitis in 2000–2003 was 2775.84–3675.69 rubles (\$86–124), 1922.7–2896.1 rubles (\$60–98) and 3793.1–5713.5 rubles (\$118–193) in allergologic, dermatologic and pediatric divisions respectively. Expenses on 21 days of sanatorium-and-spa treatment in Primorsky region amounted to 12,000 rubles (\$406) and were registered in 2.4% of families with children suffering from atopic dermatitis. **CONCLUSIONS:** Atopic dermatitis requires considerable expenses on medical treatment from public health system as well as expenses on pharmacotherapy from patient.

ASTHMA

ASTHMA—Cost Studies

PAA3

RESOURCE USE IN PATIENTS WITH EXACERBATIONS OF ASTHMA WITH DIFFERENT UNDERLYING DEGREES OF SEVERITY IN FIVE EUROPEAN COUNTRIES

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OBJECTIVE: Patients with asthma consume significant amounts of health care resources. The purpose of this study was to investigate differences in resource use for patients with different degrees of severity of asthma. **METHODS:** The data are drawn from the Adelphi Disease Specific Programme (DSP) in Asthma, undertaken in 2003. DSPs are cross-sectional studies of consulting patients. One of the aims of the DSP was to collect information about the treatment of asthma from the perspective of both the doctor and the patient. Data were collected by a panel of doctors who were asked to include the first 10 patients consulting for asthma from a specified start date. The study included 2610 patients with asthma of greater than 12 months duration in France, UK, Germany, Italy and Spain. **RESULTS:** Patients were segmented by their doctor into one of four categories: intermittent (28%), mild persistent (15%), moderate persistent (49%) and severe persistent (8%). Patients with intermittent asthma had a mean of 0.37 emergency room visits, 0.06 hospi-